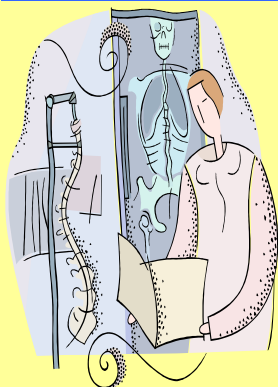




FROM THE DESK OF THE DDSN MEDICAL CONSULTANT

INSIDE THIS ISSUE:



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AUTONOMIC DYSREFLEXIA

AN EMERGENCY FOR PEOPLE WITH SPINAL CORD INJURY

People with spinal cord injury need to keep as healthy as possible. Caregivers can help them best by keeping everything regular and safe. If we know about their possible health problems like skin care, bowel and bladder care, and prevention of injury we can help a lot with our care day to day and avoid big problems.

One problem that can cause trouble for a person with a spinal cord injury is that the pain pathway does not work normally between the cord area below the injury and the part of the cord above the injury that links to the brain. Therefore, the brain does not learn about the pain and is not warned about a possible injury. The local part of the spinal cord nerve network does send out messages to the body if there is a risk of injury. When the spinal cord injury is T6 level or higher then this message will be a sympathetic outflow that is not balanced by other messages and it will cause a tightening of blood vessels and cause high blood pressure. This is dangerous because the usual balancing messages have no way to travel if the spinal cord injury is at T6 (middle of chest) or higher (this includes most people who have spinal cord injury that affects use of their arms). Therefore, these people can have a really dangerous situation if there are injuries or damage or pain messages coming from below the level of their spinal cord damage. Very high blood pressure can develop and then there is a danger of seizures, stroke, or even death. This upset of control is called autonomic dysreflexia.

When a person with spinal cord damage at T6 or at a higher level has irritation below the cord injury level then it can cause the dysreflexia and the person feels anxious, worried, and most importantly has a severe pounding headache. If this happens, please check them out and treat it seriously. The person will have a headache and may have blurring of what they see, blocked stuffy nose, chills – even without a fever, and be uncomfortably worried or anxious. When you look at them they may have flushed, sweaty skin with goose bumps in the area above their spinal cord injury level.

When blood pressure is checked and it is HIGH that is called hypertension and their pulse maybe LOW that is called bradycardia.

This can be life threatening and cause seizures, stroke, or even death if we do not remove the cause for the nerve response. We need to find the cause of the response and remove it.

PLEASE

- ❖ **SIT THE PATIENT UP (do not allow them to lie down)**
- ❖ **CHECK FOR CAUSE OF INJURY OR PAIN BELOW THE LEVEL OF SPINAL CORD INJURY**
- ❖ **GET A PERSON WHO CAN CHECK THE PATIENT'S BLOOD PRESSURE REGULARLY**

Our aim is to find the cause for the increase in blood pressure. We then can correct the situation so the blood pressure come down and the danger be settled.

THINGS TO CHECK

SKIN

- ✓ Tight clothes – loosen
- ✓ Pressure ulcers – move/reposition
- ✓ Insect bites – treat
- ✓ Check wheelchair and cushion for sharp or hard objects, folded clothes or causes of pressure areas
- ✓ Ingrown toenails need attention – may need local anesthetic to treat
- ✓ Temperature – is it too hot or too cold? People with spinal cord injury need protection from heat and cold

BLADDER

- ✓ It is full?
- ✓ Do catheters have kinks or blocks – may need to be replaced if flushing does not clear
- ✓ Full bladder may need to be drained with new catheter – do use Xylocaine jelly to reduce pain that could increase blood pressure

BOWEL

- ✓ Is there impaction – use Xylocaine if examining – treat and recheck blood pressure
- ✓ Has recent feeding been too hot, too cold, too much? Can we relieve it?

Is there menstrual pain that needs treatment? Is there a condom catheter that is too tight? Is it possible that there is a urinary infection? Please respond to the possibilities at your own level of skill and ask for help for additional assistance. Pain relief and short acting medicine for high blood pressure may help. A health professional will need to monitor for a few hours after we have relieved the problem. (It is easiest if you have a plan in place for anyone who may have an episode of dysreflexia).

REMEMBER: If you care for a person with a high spinal cord injury (T6) you need to watch for bad headache, high blood pressure, anxiety, flushed, sweaty, goose bump skin above injury level, and usually slow pulse. Sit patient up; look for irritation below cord injury level and relieve it and get help.

This is a condition that many people do not know about and we do need to be ready to help with if we care for a person with spinal cord injury T6 or higher. Please check with your team and plan ahead if you find this could possibly occur.